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AUTHOR Magrab, Phyllis; And Others
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ABSTRACT

The workbook suggests a concrete procedure for initiating a cooperative effort to collect and summarize information so that plans can be made for serving handicapped preschoolers. Once the workbook is completed, it can be used as a baseline for evaluating the progress of community activities, to make revisions in the plans and to share changes with participants, and as a basis for requesting funds for resources not available in the community. The workbook is divided into five sections, each containing a narrative portion regarding what should happen at that stage of the process and worksheets which can be used to assist the community group in accomplishing the tasks involved. Section 1 points out ways to identify program participants. Section 2 offers guidelines for collecting numerical data regarding the number and needs of handicapped children and families in the area to be served. Methods to determine whether the children who are identified have the resources available to provide them with comprehensive care is the topic of section 3. A fourth section addresses surveying of service providers, while the final section covers finalizing of community needs. Appended are categorical definitions of handicapping conditions, a sample cover letter, and a list of various integrating linkages. (SW)

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COMMUNITY NEEDS ASSESSMENT

A Collaborative Approach

for

Serving Preschool Handicapped Children

Prepared for HEW Task Force, under Grant #54-P-71476/3-02 by American Association of University Affiliated Programs; Phyllis Magrab, Elynor Kazuk and Lorna Greene, November, 1981.

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INTRODUCTION

In communities throughout the country there is a growing desire to coordinate activities of the many individuals and agencies serving preschool handicapped children and their families. Knowing how to do this, however, can present a problem to communities once they have passed the initial, conceptualizing stage. This workbook suggests a concrete procedure for initiating a cooperative effort to collect and summarize information so that plans can be made which are based on an accurate assessment of community needs. Once the workbook is completed it may also be used 1) as a baseline for evaluating the progress of community activities, 2) to make revisions in the plans and to share changes with participants, and 3) as a basis for requesting funds for resources not available in the community.

Establishing a Goal

It is an obvious but often overlooked point that before a project starts to move, the participants should decide exactly where it is they want to go. With collaborative projects, discussions regarding this decision can easily become bogged down in semantic or philosophic arguments and action and solutions remain forever elusive. To overcome these potential problems, the authors present an example of a concrete, measurable goal which we feel could serve as the "destination" for any community effort. It is simply stated in the box below and is referred to regularly throughout the workbook.

GOAL: TO DEVELOP A COMMUNITY-BASED, COLLABORATIVE DELIVERY SYSTEM FOR PRESCHOOL, HANDICAPPED CHILDREN WHICH PROVIDES EVERY CHILD DIAGNOSED AS HANDICAPPED WITH A WRITTEN AND OPERATIONAL INDIVIDUALIZED PLAN, BASED ON BOTH A HEALTH AND EDUCATIONAL ASSESSMENT.

The path(s) to this destination may be varied and controversial among the cooperating individuals and agencies, but agreement on the ultimate goal will be extremely helpful as people work together in establishing effective means to get there.

We suggest that if groups using this workbook wish to change this goal, they strive to keep the changes measurable and concrete since one of the major causes of failure in efforts is the lack of clarity and shared understanding of what the effort is trying to accomplish.

Content of Workbook

The workbook is divided into five sections:

I. Identifying participating groups

II. Collecting Numerical Data

III. Determining Needs of Target Population

IV. Surveying Service Providers

V. Finalizing Community Needs

Each section contains a narrative portion regarding what should happen at that stage of the entire process and worksheets which can be used to assist the community group in accomplishing the tasks involved.

Suggested definitions for terms used in the community surveys are also included. It is extremely important that these or other agreed upon definitions are used by all agencies and individuals completing the forms so that a common base will be established for determining where resources are needed.

In general, this workbook will serve as a basis for community planning and discussion by presenting a picture of the community as a whole in regard to the allocation of resources and gaps in service. Primarily, it should serve as a beginning for community collaboration and coordination of services - a first step toward the development of a continuum of services for preschool handicapped children and their families.

SECTION I

IDENTIFYING PARTICIPANTS

Usually one or two groups take the lead in organizing a community effort and invite others to participate. Key participants that should definitely be included are those which have federal mandates for serving handicapped children. They have varying names in different communities but usually they are the following:

1. Local Department of Education: Division of Special Education
2. Title V Programs (i.e. Maternal and Child Health Programs, Crippled Children's Services, Handicapped Children's Program)
3. Local Title XIX (Medicaid/EPSDT) and Title XX Programs
4. Department of Health and Human Services Agency serving Developmentally Disabled individuals
5. Head Start

The following are active in providing service to the target population:

1. Mental Health Centers
2. University Affiliated Facilities (UAF)
3. Resource Access Projects (RAP)
4. Community medical leadership
5. Preschools and day care centers, including handicapped children's early education projects
6. Parent, foster parent and citizen organizations
7. Other local providers and other referral sources.

Every attempt should be made to seek the recognition and support of the state or regional persons comparable to the local representatives of agencies/programs you have in your group. Also, individual professionals and consumers must be considered.

Initial planning meetings are extremely important in establishing groups, the future of the project and gaining the commitment of the community. These meetings should include group heads as well as program staff. The participants should be assured that the intention and goal of the project is not to benefit one or two groups but particularly the children and families who need a continuum of services as well as assistance in utilizing this continuum efficiently. The first meeting may be billed as an organizational or strategy meeting.

It is also important to note that "participation" may be defined differently for different individuals and agencies. For some, it may be in the form of membership on the steering committee or task forces. For others, it may be a willingness to supply statistical data or to be available as a service provider. Once the community needs and goals for the effort are established, it will become clearer to participants as to how they can best make a contribution.

PARTICIPATING GROUPS

WORKSHEET

For your records, list below the participants. Use the last column for descriptive notes, as needed, regarding type of participation, attendance, etc.

Local Agency/Program/Leadership	Contact Individual & Title Contact address/Phone #	Notes/Comments
State or Regional Agency/Program /Leaders		

SECTION II

COLLECTING NUMERICAL DATA

The purpose of collecting numerical data is to provide a baseline of information for your community as a whole regarding the numbers and needs of handicapped children and families in the area you wish to serve. The end result should be an overall communitywide picture of:

a. The number of preschool children who are identified and being served.
b. The number of children who may be there but are unidentified.

Since many agencies have eligibility requirements or serve only certain handicaps and since definitions for handicaps are usually different among agencies, data which gives an accurate picture of the whole community is difficult to collect. It is worth it to make an attempt to do so however, if the agencies are committed to eliminating duplication of effort and filling needed gaps.

Studies have shown that for whatever reasons, the first point of contact for young children with handicaps is the pediatrician or family physician. For early recognition and appropriate data the medical community must be involved.

Forms and definitions are provided in this workbook to help collect this information. Before these forms are completed, we suggest the following steps be taken:

1. Determine the catchment area you wish to include in your project. Will it be based on school district boundaries, county lines, state regions or some other service divisions? You may later want to adjust the boundaries to include or exclude data collected.

2. Determine the definitions of handicapping conditions you will use. Head Start definitions are included for your use in Appendix A because they are relatively complete and cover both health and education categories.

3. Determine which agency or combination of agencies have the best data in regard to the definitions and the catchment area you will serve. Of the agencies providing service to the handicapped population, only a few keep detailed numerical records, and of those probably one or two keep the kind of data you need. The group as a whole can best decide which program(s) to use.

4. Appoint a small task force to complete the forms and present their findings to the community group. It will probably be necessary to work directly with the agencies which have this data rather than gather the data through forms that are sent in the mail.

5. Determine a method for estimating the number of unidentified children in the community which is realistic for your community. Do not automatically apply a 10% - 12% formula that is often quoted as national estimates for the preschool handicapped population. Some ways to estimate the number of unidentified children in the community might be:

    a. Utilizing estimates compiled by the State Developmental Disabilities Council or other agency for your community.
    b. Obtaining prevalence data for certain handicaps from the local or state health department and using that data.
    c. Using numerical data for the first and second grade populations from the school district and projecting that to the preschool population.

6. Start with current Census Bureau information which will give an overall number of children in specific age groups.

Try to get as accurate a count as possible of the number of children in each category, but do not worry if you cannot be absolutely correct. The double counting of some children is probably inevitable considering the type of data that is usually available in the community. The idea is to work together to provide the best information possible as a place to start and try to establish more accurate methods for determining a communitywide picture as the collaborative effort progresses.

NUMERICAL INFORMATION
WORKSHEET

1. Total Population:
(Census Bureau information) _____

Total Number of Children Birth to Three:
(Census Bureau information) _____

Total Number of Children Three to Six:
(Census Bureau information) _____

2. Total Number of Children Identified as Handicapped as Shown by Major Disability and Age. (You may use the Head Start diagnostic criteria and definitions of handicapping conditions in Appendix A. If agencies do not use the Head Start definitions, they should agree on other definitions and make sure these are used by anyone responding to the worksheets.)

Disability	Birth to Three	Three to Six
Blindness	_____	_____
Visual Impairment	_____	_____
Deafness	_____	_____
Hearing Impairment	_____	_____
Physical Handicap (Orthopedic)	_____	_____
Speech Impairment	_____	_____
Health Impairment	_____	_____
Mental Retardation	_____	_____
Serious Emotional Disturbance	_____	_____
Specific Learning Disabilities	_____	_____
Total Number of Children Identified as Handicapped:	_____	_____

Numerical Information (continued)

3. Estimated total number of handicapped children in catchment area: _____
(This would include children not identified but who, according to numerical data, are waiting to be identified.)

If this estimate can be broken into specific categories, list the estimates below.

Disability	Estimated Number Unidentified
Blindness	_____
Visual Impairment	_____
Deafness	_____
Hearing Impairment	_____
Physical Handicap (Orthopedic)	_____
Speech Impairment	_____
Health Impairment	_____
Mental Retardation	_____
Serious Emotional Disturbance	_____
Specific Learning Disabilities	_____

Numerical Information (continued)

4. Summary of Numerical Data

A. Total number of Children in catchment area:

Birth to Three _____

Three to Six _____

Total: _____

B. Total number of children <u>estimated</u>* to be handicapped within total population:

Birth to Three _____

Three to Six _____

Total: _____

C. Total number of children <u>identified</u> as handicapped within total population:

Birth to Three _____

Three to Six _____

Total: _____

D. Number of children estimated to be <u>unidentified</u>:

Birth to Three _____

Three to Six _____

Total: _____

* Estimated number should include both identified and unidentified children.

SECTION III

DETERMINING NEEDS OF TARGET POPULATION

Once the group has a general idea of the numbers of children in the target population, the participants need to think about the needs of this population in relation to the resources available in the community. For example, ideally, the total preschool population should be screened. Therefore, outreach methods and screening facilities are needed in order to provide mass screening (a method of sorting those individuals who are apparently healthy from those who may have problems). Are these currently available or could they be made available through reallocation of resources?

In this section, the major concentration of effort will be to determine whether the children who are identified have the resources available to provide them with comprehensive care. The worksheets will help you decide what is needed to serve the population and whether these resources are indeed available in the community to the extent they are needed.

The steps to be followed in this section are as follows:

1. Think about the children who are currently identified. Establish whether they have an individualized plan and whether it is as comprehensive as it should be.

2. Determine what services should be in place in your community in order to provide each child identified with a comprehensive individualized plan. Use the worksheets entitled "Needed Resources" for this task.

3. To the best of the group's ability, carefully complete the column on the "Needed Resources" worksheets entitled "Current Problems". Work toward making summary statements about the status of each service in the community.

4. When the group has completed the Resources worksheets, go to Section IV which discusses how it should be sent along with the suggested cover letter in Appendix B, to service providers in the community who can correct and respond to the information.

* In this workbook a comprehensive individualized plan is a written plan based on both an educational and a health assessment. A partial individualized plan would be a writtem plan based on either one or the other type of assessment.

DETERMINING NEEDS
WORKSHEET

A comprehensive Individualized Plan is what is being used as the measure of the most complete service to a handicapped child. This worksheet is to assist you in thinking through whether or not those children identified are being served as well as they should be.

	Birth to Three	Three to Six
A. Total Number of Children receiving treatment as recommended by:		
1. A Comprehensive Individual Plan	_____	_____
2. Any Type of Written Individual Plan	_____	_____
3. An Unwritten (informal) Plan	_____	_____
B. Total Number of Children Pending Treatment/Intervention as recommended by any of the above:	_____	_____
C. Number of Children who are identified but without any of the plans recommended above	_____	_____

The worksheets on the following pages, entitled "Needed Resources" are to be used initially by the interagency group or an interagency task force. The group should indicate what resources it feels are necessary to provide a comprehensive plan to the numbers of children represented above as well as those who are yet unidentified.

The partially completed worksheet should be duplicated and sent to service providers in the catchment area with the cover letter in Appendix B.

NEEDED RESOURCES
WORKSHEET

Agency Name _____ Phone _____ Date _____ Name of Respondent _____

The following is a list of specific services which would be helpful in assuring that each child diagnosed as handicapped has a comprehensive individualized plan (a written plan which includes both a health and educational assessment). Indicate which items you feel are necessary in your community in order to provide this type of plan to the _____ children who are estimated to need services, and whether you feel the services now available can accommodate the needs of the population in each area. NOTE: Responses are to be made disregarding financial eligibility, client cost or other restrictions. If these are problems, indicate such in the "Comments" section.

SERVICE	Do you think the service is necessary to provide a comp. ind. plan? (check)	Where is it available? List name of service provider(s)	Is the service adequate and available to extent needed? Yes	No	Current problems, barriers, etc. in regard to this service	Agency/program comments regarding this service in community
Alternate Living Arrangements: Group homes and other residential placements.						
Case Management: Assuming responsibilities for coordinating all aspects of child's progress through screening, diagnosis and treatment.						
Community Education: The provision of information aimed at improving community's awareness and public understanding of the handicapped, including organized efforts such as Child Find and other outreach efforts.						
Counseling: Provision of advice, direction or reassurance to a preschool handicapped child or his/her family on a one to one basis or in a group.						

Name

Page 2 - NEEDED RESOURCES WORKSHEET

Service	Service Necessary	Service Provider(s)	Service Adeq./Avail. Yes	Service Adeq./Avail. No	Current Problems	Comments
Day Care: Care in a licensed facility for less than 24 hours.						
Diagnosis: Professional judgment made regarding a condition based on the symptoms and providing, as a result, a categorical definition of the condition.						
Equipment: Teaching devices, audio-visual machines or other hardware except those which are considered treatment (eyeglasses, prosthetic devices).						
Financial Assistance: Direct provision of money as contrasted to provision of donated services, housing, medical care, etc.						
Follow-Up: The examination of a child's progress, on a regular basis to determine if appropriate recommendations are being carried out.						

Page 3 - NEEDED RESOURCES WORKSHEET

Name

Service	Service Necessary	Service Provider(s)	Service Adeq./Avail. Yes	Service Adeq./Avail. No	Current Problems	Comments
Foster Care Placement: Placement of a child in a family home, licensed to provide 24 hour care on a continuing basis for children awaiting other placement or service.						
Functional Assessment: The process whereby a categorical diagnosis is related to a working definition describing limitations imposed by the condition, and identifying areas that require intervention.						
Health Services: Provision of medical, nursing, dental, clinic or hospital services.						
Home Nursing Service: The services of an RN or LPN provided to the child in his or her home or in a foster home.						
Homemaker Service: Assistance in the care of the home and the family.						

Name

Page 4 - NEEDED RESOURCES WORKSHEET

SERVICE	Service Necessary?	Service Provider(s)	Service Adeq./Avail.		Current Problems	Comments
			Yes	No		
Information & Referral: Current information regarding available community resources & the capacity to direct a child to agency, program, individual or department for appropriate specific services.						
Instructional and Testing Materials: Any printed materials for the testing or education of a child, a service provider, parent or the public if it relates to their understanding of handicapped children.						
Interdisciplinary Team: A group of persons representing at least three areas of expertise who perform diagnosis, evaluation, and planning activities for a handicapped child.						
Legal Service: Any service of a protective or advocacy nature performed by a professional or para-professional legal person.						
Parent Training: Formal or informal sessions planned for and delivered to parents of handicapped children on subjects specifically related to the condition of the child or the family.						

Name

Page 5 - NEEDED RESOURCES WORKSHEET

SERVICE	Service Necessary?	Service Provider(s)	Service Adeq./Avail. Yes	Service Adeq./Avail. No	Current Problems	Comments
Perinatal Care Resources: Identification and care of high risk pregnant women and subsequent newborn intensive care.						
Periodic Screening: The periodic use of quick and simple procedures to detect those who have a high probability of having the problem in question.						
Preventive Services: Genetic counseling, immunization and other services provided prior to the onset of a handicapping condition.						
Public Education: Education for school age children and adults directed towards understanding the needs of handicapped individuals and eliminating prejudice.						
Recreation: Activities primarily of a social nature for handicapped children and/or their families.						

Name

Page 6 - NEEDED RESOURCES WORKSHEET

SERVICE	Service Necessary	Service Provider(s)	Service Adeq./Avail. Yes	Service Adeq./Avail. No	Current Problems	Comments
Respite Care: Providing temporary residential care to assist families.						
Specialized Education: Instruction or training primarily in all areas of cognitive development designed especially for 0-6 years of age in classroom or home.						
Staff Training: Training for professional or paraprofessional persons to improve their expertise in any area of service to handicapped children and/or their families.						
Transportation: Provision of direct transportation with agency, public or private vehicles.						
Treatment: The direct provision of therapy, medication or prosthesis, eyeglasses, etc.						

Additional Comments:

SUMMARY MATRIX OF COMMUNITY RESOURCES

Date

Services	Service Providers: Give each participant's Resource from a number which can be listed in the boxes immediately below. Also record number on "Resource Summary List" (page 21) in order to match participant with correct numbers. Check service if offered by the participant.												Summary Comments (Try to summarize total situation regarding this resource.)
1. Alternate Living Arrangements													
2. Case Management													
3. Community Education													
4. Counseling													
5. Day Care													
6. Diagnosis													
7. Equipment													
8. Financial Assistance													
9. Follow-Up													
10. Foster Care Placement													
11. Functional Assessment													

SUMMARY MATRIX OF COMMUNITY RESOURCES - Continued

Services	Service Providers												Summary Comments
12. Health Services													
13. Home Nursing Service													
14. Homemaker Service													
15. Information & Referral													
16. Instructional and Testing Materials													
17. Interdisciplinary Team													
18. Legal Service													
19. Parent Training													
20. Perinatal Care Resources													
21. Periodic Screening													
22. Preventive Services													
23. Public Education													

SUMMARY MATRIX OF COMMUNITY RESOURCES - Continued

Services	Service Providers												Summary Comments
24. Recreation													
25. Respite Care													
26. Specialized Education													
27. Staff Training													
28. Transportation													
29. Treatment													

RESOURCE SUMMARY LIST

List all participants that have been included in this survey, and the assigned program number.

Assigned Program Number	Program/Agency/Individual Name

BARRIERS OTHER THAN RESOURCE UTILIZATION

WORKSHEET

Before making a final determination of community needs (Section V) think about problems which may exist which are not included in the summary Matrix. Some are listed below. These types of problems should be included in your final assesment and planning of a community effort.

Barriers	Comments
Time Lag between Referral and Diagnosis their Information is Out of Date	
Lack of Responsiveness by Resource Agencies to Services Identified in Plan	
Fear of Labeling Children by Providing a Plan	
Diagnosticians Lack of Understanding of Categorical Descriptions	
Lack of Money to Pay for Steps Leading to Plan	
Lack of experienced (trained) Professional Persons who have beenIdentified as Planning Team	
Lack of Functional Assessment to use as Basis for Plan	
Reluctance or Refusal of Family to Accept Plan	
Professional's Lack of Understanding of a Comprehensive Individualized Plan	
Use of a Partial Individualized Plan not Based on Both an Educational and Health Assessment	
Other:	

SECTION V

FINAL DETERMINATION OF COMMUNITY NEEDS

The information collected thus far and the process of collecting the information should allow the group to come to some conclusion regarding the needs of the community in relation to the agreed upon goal. The worksheet on the following page provides space to:

1. List the needs for service identified by the group
2. Briefly indicate the reasons the need exists
3. Identify the resources necessary to fill the needs
4. Summarize ideas for securing the resources

The worksheet is the beginning of Stage II in the collaboration process which is to actually develop plans for securing needed resources.

Many times resources can be made available through linkages which might involve direct service coordination such as case teams or agreements that certain facilities will concentrate on specific service areas. Administrative linkages can also be made which would reallocate funds, materials or personnel. Regulation changes or waivers of certain regulations can provide needed resources and can be accomplished by working with state or regional level representatives. A list of various types of administrative linkages are provided in Appendix C.

Finally, for you future community planning activities, a list of resource material and information is provided at the end of this section and an optional planning worksheet is available in Appendix D.

FINAL DETERMINATION OF NEEDS
WORKSHEET

From the information collected through the preceeding process, complete the chart below regarding needs for services to preschool handicapped children in your area which are necessary for providing a comprehensive individualized plan to all children diagnosed as handicapped.

Identified Need for Service (list in order priority)	Reason Need Exists	Resources Necessary to Fill Need (be as specific as possible)	Ideas for Securing Resources (see Appendix C)

Date _____

POSSIBLE RESOURCE MATERIAL AND INFORMATION

Elder, Jerry and Magrab, Phyllis, Coordinating Services to Handicapped Children: A Handbook for Interagency Collaboration, 1980.
Paul Brookes Publishers
P.O. Box 10624
Baltimore, Maryland 21204

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General Service Administration
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Washington, D.C. 20409
Reference # 010488

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Chapter reprint available upon request from:
Developmental Disability Technical Assistance System
c/o Ron Wigerink, Ph.D.
Suite 300, NCMB Plaza
136 E. Rosemary Street
Chapel Hill, North Carolina 27514

Gans, Sheldon P. and Horton, Gerald, Integration of Human Services: the State Municipal Levels, Praeger Publishing Company, New York, 1975.
Available from Publisher.

Wigerink, Ronald, National Review of Early Childhood Services; Chapter entitled "Demographics and Incidence:, Bartel, Joan and Ogle, Peggy.
Reprint available upon request from:
c/o Ron Wigerink, Ph.D.
Suite 300, NCMB Plaza
136 E. Rosemary Street
Chapel Hill, North Carolina 27514

APPENDIX A

CATEGORICAL DEFINITIONS OF HANDICAPPING CONDITIONS

The following categorical definitions of handicapping conditions shall be used for the purpose of this grant:

Blindness

A child shall be reported as blind when any one of the following exist: a) child is sightless or who has such limited vision that he/she must rely on hearing and touch as his/her chief means of learning; b) a determination of legal blindness in the state of residence has been made; c) central acuity does not exceed 20/200 in the better eye, with correcting lenses, or whose visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle of no greater than 20 degrees.

Deafness

A child shall be reported as deaf when any one of the following exist: a) his/her hearing is extremely defective so as to be essentially nonfunctional for the ordinary purposes of life; b) hearing loss is greater than 92 decibels (ANSI 1969) in the better ear; c) legal determination of deafness in the state of residence.

Hearing Impairment (Handicap)

A child shall be reported as hearing impaired when any one of the following exist: a) the child has slightly to severely defective hearing, as determined by his/her ability to use residual hearing in daily life, sometimes with the use of a hearing aid; b) hearing loss from 26-92 decibels (ANSI 1969) in the better ear.

Physical Handicap (Orthopedic Handicap)

A child shall be reported as crippled or with an orthopedic handicap who has a condition which prohibits or impedes normal development of gross or fine motor abilities. Such functioning is impaired as a result of conditions associated with congenital anomalies, accidents, or diseases; these conditions include for example spina bifida, loss of or deformed limbs, burns which cause contractures, cerebral palsy.

Speech Impairment (Communication Disorder)

A child shall be reported as speech impaired with such identifiable disorders as receptive and/or expressive language impairment, stuttering, chronic voice disorders, and serious articulation problems affecting social, emotional, and/or educational achievement; and speech and language disorders accompanying conditions of hearing

continued

loss, cleft palate, cerebral palsy, mental retardation, emotional disturbance, multiple handicapping conditions, and other sensory and health impairments. This category excludes conditions of a transitional nature consequent to the early developmental processes of the child.

Health Impairment

These impairments refer to illnesses of a chronic nature or with prolonged convalescence including, but not limited to epilepsy, hemophilia, severe asthma, severe cardiac conditions, severe anemia or malnutrition, diabetes, or neurological disorders.

Visual Impairment (Handicap)

A child shall be reported as visually impaired if central acuity, with corrective lenses, does not exceed 20/70 in either eye, but who is not blind; or whose visual acuity is greater than 20/70, but is accompanied by a limitation in the field of vision such that the widest diameter of visual field subtends an angle of no greater than 140 degrees or who suffers any other loss of visual function that will restrict learning processes, e.g., faulty muscular action. Not to be included in this category are persons whose vision with eyeglasses is normal or nearly so.

Mental Retardation

A child shall be considered mentally retarded who, during the early developmental period, exhibits significant subaverage intellectual functioning accompanied by impairment in adaptive behavior. In any determination of intellectual functioning using standardized tests that lack adequate norms for all racial/ethnic groups at at the preschool age, adequate consideration should be given to cultural influences as well as age and developmental level (i.e. finding of a low I.Q. is never by itself sufficient to make the diagnosis of mental retardation).

Serious Emotional Disturbance

A child shall be considered seriously emotionally disturbed who is identified by professionally qualified personnel (psychologist or psychiatrist) as requiring special services. This definition would include but not be limited to the following conditions: dangerously aggressive towards others, self-destructive, severely withdrawn and noncommunicative, hyperactive to the extent that it affects adaptive behavior, severely anxious, depressed or phobic, psychotic or autistic.

Specific Learning Disabilities

Children who have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations.

continued

Such disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Such term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disburbance, or of environmental disadvantage. For preschool children, precursor functions to understanding and using language spoken or written, and computational or reasoning abilities are included. (Professionals considered qualified to make this diagnosis are physicians and psychologists with evidence of special training in the diagnosis of learning disabilities and at least Master's degree level special educators with evidence of special training in the diagnosis of learning disabilities.)

APPENDIX B

SAMPLE COVER LETTER
TO
"NEEDED RESOURCES" WORKSHEET

Dear _____,

Recently a group of community persons representing a variety of providers of services to preschool handicapped children met to assess the status of this community regarding its ability to serve handicapped children and their families. We attempted to determine the numbers of preschool children who require services in the community, as well as the type of services we felt would be necessary in this community in order to provide every child diagnosed as handicapped with a written and operational individualized plan based on both a health and educational assessment.

Enclosed are copies of worksheets completed by the group in assessing the community's needs. We would appreciate your reviewing our preliminary efforts in relation to your program/agency/service and changing or adding any information which you feel is incorrect or not included. Please indicate your own ideas about the necessity of certain services and use the "Response" column to make additional comments.

Call _____ if you have any questions regarding our request and please return the worksheets to _____ by _____.

We will be happy to share the results of our efforts with you if you so desire.

Optional: We would also like to know more about the services your agency provides and would appreciate your completing and returning the attached data collection sheet regarding your program so that we might share it with other agencies.

RESOURCE INFORMATION

Name of Program or Agency _____

Address _____

Contact Person _____ Phone _____

1. Handicapping Conditions Served - check all applicable

Blindness	____	Speech Impairment	____
Visual Impairment	____	Health Impairment	____
Deafness	____	Mental Retardation	____
Hearing Impairment	____	Serious Emotional Disturbance	____
Physical Handicap (Orthopedic)	____	Specific Learning Disabilities	____

2. Ages Served (circle all applicable) 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7+ Adult ____

3. What is the approximate number of clients 0 to six served annually? _____

4. What types of professionals deliver services (psychologist, physician, audiologist, special educator)?

5. What are eligibility requirements for clients?

6. What fees do clients pay?

7. What are the procedures for securing service for clients?

8. Are your services utilized fully ____, moderately ____, minimally ____.

9. Is service initiated by:

___ Parent Initiation ___ Advocacy ___ Referral ___ Case Manager ___ Agency ___ Other

10. Are the services authorized by (check)

____ State legislation ____ Federal legislation

____ State agency policy ____ Federal agency policy

____ Other (specify) _____

_____

Date _____

APPENDIX C

The list below indicates various integrating linkages which might be discussed as a way to extend or to better utilize community resources

GLOSSARY*

Administrative Linkages

1. Fiscal
   a. Joint budgeting: a process in which the integrator sits with all service providers together or individually to develop a budget.
   b. Joing funding: a process by which two or more service providers give funds to support service.
   c. Fund transfer: instances in which funds originally to be used to one service are shifted to be used for another service.
   d. Purchase of service: formal agreements that may or may not involve a written contract between the integrator and autonomous service providers to obtain service.

2. Personal practices
   a. Consolidated personnel administration: the centralized provision of some or all of the following: hiring, firing, promoting, placing, classifying, training, and so on.
   b. Joint use of staff: the case in which two different agencies deliver service by using the same staff.
   c. Staff transfers: the case in which an employee is on the payroll of one agency but is under the administrative control of another.
   d. Staff outstationing: the placement of a service provider in the facility of another service provider.
   e. Colocation: the stationing of staff by autonomous service providers in a common facility.

3. Planning and programing
   a. Joint planning: the joint determination of total service delivery system needs and priorities through a structured planning process.
   b. Joint development of operating policies: a structured process in which the policies, procedures, regulations, and guidelines governing the administration of a project are jointly established.
   c. Joint programing: the joint development of programmatic solutions to defined problems in relation to existing resources.
   d. Information-sharing: an exchange of information regarding resources, procedures, and legal requirements (but not individual clients) between the project integrator and various service providers.
   e. Joint evaluation: the joint determination of effectiveness of service in meeting client needs.

4. Administrative support services
   a. Record-keeping: the gathering, storing, and dissemination of information about clients, including (1) standardized and/or centralized case information and (2) procedures for flow of information.
   b. Grants-management: the servicing of grants.
   c. Central support services: the consolidated or centralized provision of services such as auditing, purchasing, exchange of material and equipment, and consultative services.

*Gans, Sheldon P. and Horton, Gerald, Integration of Human Services: the State Municipal Levels, Praeger Publishing Co., New York, 1975

OPTIONAL PLANNING WORKSHEET - APPENDIX D Objective	Method/ Activity	Who will Accomplish	Where will it Take Place	When will it Take Place	Resources Currently Available to Carry Out Yes / No	Estimated Cost of Method/Activity
To educate parents regarding the importance of screening for handicapping conditions and to encourage them to have their preschool children screened						
To screen for possible educational, medical and health problems						
To diagnose and assess problems suspected from screening						
To develop comprehensive, individualized plans for each child and his family						
To follow the progress of the child in accomplishing the objectives stated in the individualized plan						
To determine appropriate placement among all available community programs						
To maximize interagency coordination in delivery of service						
To encourage parent involvement and training						
To provide continuity of care after the child reaches school						
To link this project with existing preventive services						

Total Estimated Cost $ _____